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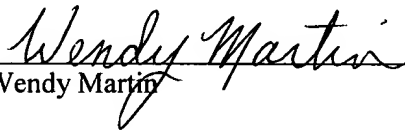
PATENT
Attorney Docket No. INL-057

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Pamidi *et al.*
SERIAL NO.: 09/872,240 GROUP NO.: 1651
FILING DATE: May 31, 2001 EXAMINER: Naff, David M.
TITLE: CROSS-LINKED ENZYME MATRIX AND USES THEROF

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 7th day of July, 2004.


Wendy Martin

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are: Transmittal Form (1 page); Response to Restriction Requirement (1 page); and a return-receipt postcard.



TRANSMITTAL FORM

Application Serial Number	09/872,240
Filing Date	May 31, 2001
First Named Inventor	Pamidi
Group Art Unit	1651
Examiner Name	Naff, David M.
Attorney Docket No.	INL-057
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response to Restriction Requirement <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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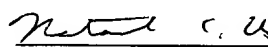
CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Date: July 7, 2004
Reg. No. 44,381
Tel. No.: (617) 310-8327
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Respectfully submitted,


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Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

This paper responds to the Restriction Requirement, mailed from the U.S. Patent and Trademark Office on June 16, 2004, in connection with the patent application identified above.

The Examiner has required the Applicant to elect one of three perceived patentably distinct groups of claims: Group I (claims 1-7), Group II (claims 8-22 and 38) or Group III (claims 23-37). Applicant hereby elects, without traverse, Group I (claims 1-7) drawn to a composite membrane for a biosensor, classified in class 435 and subclass 25.

Applicant respectfully requests that the application now proceed promptly to examination. Applicant believes that no additional fees are necessitated by the present Response. However, in the event that any additional fees are due, the Commissioner is hereby authorized to charge any such fees to Deposit Account No. 20-0531.

If the Examiner believes that a telephone conversation with Applicant's attorney would expedite allowance of this application, the Examiner is cordially invited to call the undersigned attorney at (617) 310-8327.

Respectfully submitted,

Date: July 7, 2004
Reg. No. 44,381
Tel. No.: (617) 310-8327
Fax No.: (617) 248-7100

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